

**The Tulalip Tribes**  
**Licensing Administrator**  
 6319 23<sup>rd</sup> Ave. NE  
 Tulalip, WA 98271  
 Telephone: (360) 651-3361

THE TULALIP TRIBES BUSINESS LICENSE NUMBER

OWNER/BUSINESS NAME (Please print clearly)

## MASTER APPLICATION RENEWAL

Please type or printer clearly in dark ink.

**A**

### PAYMENT SUMMARY

### FEE

Enclose check for total amount due, including application fee, which **MUST** be submitted with this form.

*Make check payable to: The Tulalip Tribes.*

APPLICATION FEE

\$ **15.00**

TOTAL AMOUNT PAID

\$

**B**

### BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED

(complete appropriate section for business ownership type or provide information about individual to be licensed.)

Date business first will be (was) conducted, under this owner, at this WA location:  Mo <input type="checkbox"/> Day <input type="checkbox"/> Yr <input type="checkbox"/>	Firm/Trade Name				
	Business Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)				
	City	State	Zip	Business Telephone Number ( ) -	
Business Location (Street or Route, City, State, Zip – Physical Location Only)				FAX Number ( ) -	
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	County			Total number of business location's you have on the Tulalip Indian Reservation	
Estimated Gross Annual Income on the Tulalip Indian Reservation				Your Federal I.D. Number (FIN)	
Describe in detail the principle products sold or services you provide on the Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:				Number of Employees:	Is this an Indian Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO
				Are you licensed by the Casino/Gaming <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name and Address of Personal or Business References (Street or Route, P.O. Box, City, State or Zip)				Telephone Number ( ) -	
Bank Name (where you do business)			Bank Branch Name		
Is this business owned by, controlled by, or affiliated with any other business entity?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list other business entity:		
Is this a Nonprofit Organization for educational, religious, or charitable purpose? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**C**

### Miscellaneous Information

#### TERO EMPLOYMENT

**TERO (360) 651-3732**

Employers engaged in work within the exterior boundaries of the Tulalip Reservation are required to give preference to Indian employees in hiring, promotion, training and all other aspects of employment, contracting, or subcontracting and must comply with the TERO Ordinance.

#### FOOD HANDLERS

The Tulalip Tribes has adopted a Food Handlers Ordinance # 74

Please for those businesses that are handling food you must now show proof of your current food handlers card

**D**

### SIGNATURE (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

Signature(s) required (if a corp., corporate officer must sign; if a limited liability co., manager must sign)	Title	Date
X		
	Title	Date
X		
Application prepared by (please print)	Title	Telephone Number ( ) -
		Date